

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee			FEC IDENTIFICATION NUMBER ▼ C C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.			Date of Public Distribution/Dissemination 06 / 08 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 9153.46		
City MC LEAN State VA Zip Code 22102-3028		Transaction ID : SE24.373 Date of Disbursement or Obligation 06 / 08 / 2015			
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: _____ District: _____			State: _____		
Calendar Year-To-Date Per Election for Office Sought 719598.82			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination 06 / 08 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1591.38		
City MCLEAN State VA Zip Code 22102-3028		Transaction ID : SE24.110 Date of Disbursement or Obligation 06 / 08 / 2015			
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE		Category/Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: _____ District: _____			State: _____		
Calendar Year-To-Date Per Election for Office Sought 721190.20			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10744.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Robert Frank</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 12 / 28 / 2015		